DECLARATION FOR UTILITY OR DESIGN

PATENT APPLICATION (37 CFR 1.63)

 □ Declaration Submitted With Initial Filing

Declaration OR Submitted after Initial Filing (surcharge

(37 CFR 1.16 (e)) required)

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Attorney Docket Numb	er 81230.62US2	
First Named Inventor	Patrick H. Hayes	
CON	IPLETE IF KNOWN	
Application Number	1	
Filing Date	concurrent herewith	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
SYSTEM AND METHOD FOR USING A HAND HELD DEVICE TO DISPLAY PRODUCT INFORMATION									
the specification of which (Title of the Invention)									
is attached hereto									
OR									
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	and	was amended on (MM/DD/	(YYY)	(if applicable)				
I hereby state that I have review specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended								
I acknowledge the duty to disck	ose information which is mate	rial to patentability as define	d in 37 CFR 1.56						
I hereby claim foreign priority benefits under 35 U S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	+ · · · · · · · · · · · · · · · · · · ·								
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below.									
ApplicationNumber(s)		MM/DD/YYYY)							
60/264,767	01/29/2001		Additional provisional application numbers are listed on a supplemental priority data shee PTO/SB/02B attached hereto.						

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

the ming date of the prior application and the national of PC1 international filing date of this application.														
U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to translate a research														
Patent and Trademark Office connected			_	ner Number		25541				▶				
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Registered practitioner(s) name/registration number listed below PATENT TRADEMARK OFFICE										ADEMARK OFFICE				
Na	ame		-	Registration Number			Name				Registration Number			
						Hai				•	- Italiiboi			
☐Additional registe	ered prac	ctitioner(s) nam	ied on suppl	emental Re	gistere	d Prac	titioner	Informa	ation sheet F	PTO/SB/	D2C attache	ed hereto.		
Direct all corresp	ondend		Customer No or Bar Code			25	541		OR	☐ Corre	espondance	address below		
Name														
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City					•	s	tate			ZIP				
Country		Telephone								Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon														
Name of Sole of	or First	Inventor:					A petiti	on has	been filed	for this	unsigned	linventor		
Given	Name (first and mid	dle [if any]))				Far	mily Name	or Surr	name			
		Patrick H.	$\overline{\cap}$,	,		Hay	res				
Inventor's Signature		para 1 lolog Date 1							7/1/01					
Residence: City	Mission		e CA		Country		USA		Citi	zenship	U.S.			
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		Missio												
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.														

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Approved for use through 9/30/98. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Jo	A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])			Family Name or Surname								
Steve LanPing				Huang							
Inventor's Signature	Jagos)							Da	te	07/02/01	
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Post Office Address											
City	Placentia	State	CA	ZIP	9287	70	Cou	ountry			
Name of Additional Jo	oint Inventor, if any:			□Ap	etitio	n has been file	ed for t	his unsig	ned inv	rentor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Inventor's Signature							te				
Residence: City		State	Country					Citizenship			
Post Office Address											
Post Office Address								······································			
City		State		Zip	o Country						
Name of Additional Joint Inventor, if any:					☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Fam	Family Name or Surname					
Inventor's Signature	Date										
Residence: City		State		Countr	у			Citizen	ship		
Post Office Address											
Post Office Address											
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